County: Monroe TOMAH HEALTH CARE CENTER 1505 BUTTS AVENUE TOMAH 54660

TOMAH 54660 Phone: (608) 372-3241
Operated from 7/17 To 12/31 Days of Operation: 168
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 90
Total Licensed Bed Capacity (12/31/00): 96
Number of Residents on 12/31/00:

Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Average Daily Census:

Nonprofit Church-Related Skilled No

Yes 75

***********	****	***********	*****	*******	******	********	*******
Services Provided to Non-Residents	Į	Age, Sex, and Primary Diagn	Length of Stay (12/31/0	00) %			
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year 1 - 4 Years	10. 3 55. 9
Supp. Home Care-Household Services Day Services	No Yes	Developmental Disabilities Mental Illness (Org./Psy)	0. 0 23. 5	Under 65 65 - 74	14. 7 10. 3	More Than 4 Years	33. 8
Respite Care Adult Day Care	Yes Yes	Mental Illness (Other) Alcohol & Other Drug Abuse	14. 7 0. 0	75 - 84 85 - 94	38. 2 29. 4	****************	100.0
Adult Day Health Care Congregate Meals	No No	Para-, Quadra-, Hemi pl egi c Cancer	0. 0 2. 9	95 & 0ver	7. 4	Full-Time Equival Nursing Staff per 100	ent Residents
Home Delivered Meals Other Meals	No No	Fractures Cardi ovascul ar	1. 5 4. 4	65 & 0ver	100. 0 85. 3	(12/31/00)	
Transportation Referral Service	No Yes	Cerebrovascul ar Di abetes	10. 3 5. 9	Sex	%	RNS LPNs	13. 3 6. 0
Other Services Provide Day Programming for	No	Respiratory Other Medical Conditions	8. 8 27. 9	   Male	44. 1	Nursing Assistants Aides & Orderlies	35. 7
Mentally Ill	No	other medical conditions	100. 0	Female	55. 9	Arues & oruerries	33. 7
Provide Day Programming for Developmentally Disabled ************************************	No ****	*********	******	    *******************	100.0	     *************************	*****

## Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			0ther			Private Pay			Vanage	Percent			
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	J	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	2	3. 6	\$104. 82	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	2	2. 9%
Skilled Care	1	100.0	\$280. 15	48	87. 3	\$89. 51	0	0. 0	\$0.00	12	100.0	\$130.00	0	0. 0	\$0.00	61	89. 7%
Intermedi ate				5	9. 1	\$74. 21	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	5	7.4%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0. 0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0%
Residential Care				0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0. 0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	it 0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	<b>\$0.00</b>	0	0.0	<b>\$0. 00</b>	0	0.0%
Total	1	100.0		55	100. 0		0	0.0		12	100.0		0	0.0		68	100.0%

Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Admissions, Discharges, and Deaths During Reporting Period % Needi ng Total Assistance of Percent Admissions from: Activities of % Totally Number of Private Home/No Home Health 0.0 Daily Living (ADL) Independent One Or Two Staff Resi dents Dependent Private Home/With Home Health 1. 1 Baťhi ng 4.4 94. 1 1.5 68 32. 4 Other Nursing Homes 80.0 Dressing 67.6 0. 0 68 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 68 16.8 41.2 **45.6** 13. 2 36.8 68 0.0 Toilet Use 44. 1 19. 1 0.0 Eating 85.3 13.2 1.5 68 \*\*\*\*\*\* Other Locations 2. 1 Total Number of Admissions 95 Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 4.4 7.4 Private Home/No Home Health 22. 2 Occ/Freq. Incontinent of Bladder 47. 1 4.4 Private Home/With Home Health 25.9 Occ/Freq. Incontinent of Bowel 32. 4 1. 5 Other Nursing Homes 3. 7 2. 9 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 0.0 Mobility 1. 5 Physically Restrained 1.5 0.041.2 0.0 Other Locations 14.8 Skin Care Other Resident Characteristics Deaths 33. 3 With Pressure Sores 7.4 Have Advance Directives 66. 2 Total Number of Discharges With Rashes 0.0 Medications Receiving Psychoactive Drugs (Including Deaths) 61.8

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

						4-4-4-4-4-4-4-4-4-4			
		Ownershi p:			Si ze:	Li ce	ensure:		
	Thi s	Noni	profit	50-	99	Ski l	lled	Al l	
	Facility		Group		Group		Group	Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	78. 1	88. 0	0.89	85. 4	0. 91	84. 1	0. 93	84. 5	0. 92
Current Residents from In-County	92. 6	79. 3	1. 17	72. 9	1. 27	76. 2	1. 22	77. 5	1. 20
Admissions from In-County, Still Residing	6. 3	24. 2	0. 26	21. 3	0. 30	22. 2	0. 28	21. 5	0. 29
Admi ssi ons/Average Daily Census	126. 7	102. 4	1. 24	101. 3	1. 25	112. 3	1. 13	124. 3	1.02
Discharges/Average Daily Census	36. 0	99. 2	0. 36	101. 3	0. 36	112.8	0. 32	126. 1	0. 29
Discharges To Private Residence/Average Daily Census	17. 3	33.8	0.51	37. 6	0.46	44. 1	0.39	49. 9	0. 35
Residents Receiving Skilled Care	92. 6	88. 7	1.04	89. 6	1.03	89. 6	1.03	83. 3	1. 11
Residents Aged 65 and Older	85. 3	96. 0	0.89	93. 4	0. 91	94. 3	0. 90	87. 7	0. 97
Title 19 (Medicaid) Funded Residents	80. 9	68. 6	1. 18	69. 0	1. 17	70. 1	1. 15	69. 0	1. 17
Private Pay Funded Residents	17. 6	26. 2	0. 67	23. 2	0. 76	21.4	0.83	22. 6	0. 78
Developmentally Disabled Residents	0. 0	0. 6	0.00	0. 9	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Residents	38. 2	38. 6	0. 99	41.5	0. 92	39. 6	0. 97	33. 3	1. 15
General Medical Service Residents	27. 9	16. 4	1. 71	15. 4	1.82	17. 0	1.64	18. 4	1. 52
Impaired ADL (Mean)	33. 8	46. 9	0.72	47.7	0.71	48. 2	0. 70	49. 4	0. 68
Psychological Problems	61. 8	53. 4	1. 16	51. 3	1. 20	50. 8	1. 22	50. 1	1. 23
Nursing Care Required (Mean)	8. 3	6. 5	1. 28	6. 9	1. 19	6. 7	1. 23	7. 2	1. 16